

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/539245

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | 1 | | | |
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| 3 | | 1 | | 1 | | |
| 4 | | 1 | | 1 | | |
| 5 | | 3 | | 1 | | |
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| 7 | | 4 | | 1 | | |
| 8 | 1 | | 1 | | | |
| 9 | | 1 | | 1 | | |
| 10 | | 1 | | 1 | | |
| 11 | | 2 | | 1 | | |
| 12 | | 2 | | 1 | | |
| 13 | | 1 | | 1 | | |
| 14 | | 1 | | 1 | | |
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| 21 | 1 | | 1 | | | |
| 22 | | 2 | | 1 | | |
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| TOTAL IND. | 5 | ↓ | 5 | ↓ | | ↓ |
| TOTAL DEP. | 37 | ← | 29 | ← | | ← |
| TOTAL CLAIMS | 42 | | 34 | | | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
|--------------|----------|------|------------------------------------|------|------------------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ← | | ← | | ← |
| TOTAL CLAIMS | | | | | | |